

Application to Volunteer

Please print out this form, fill it in, and mail it to:

Office of Citizen Leadership

Department of Mental Retardation

500 Harrison Avenue, Boston, MA 02118

Name: _____

Address: _____

Phone Number: _____

E-mail address: _____

To help us direct your application where volunteers are needed, please check all criteria to all that apply you. This section is optional.

☐ Person with a cognitive disability

☐ Family member/guardian

☐ Friend, neighbor, or interested community member

☐ Medical professional

☐ Attorney, paralegal, or law student

☐ Psychologist, or master's level practitioner with related expertise

☐ Clergy

☐ Would you like to identify yourself as a member of a particular racial or ethnic group?

Particular interests (employment, self advocacy, aging, etc.)

Related experience

Preferred participation: (please check all that apply)

☐ Citizen Advisory Board

☐ Complaint Resolution Team

☐ Human Rights Committee

☐ Survey and Certification

☐ Other (please specify) (Fill in Below)

Accomodations needed (check all that apply)

- ☐ Sign Language Interpreter
- ☐ Other language interpreter _____
- ☐ Wheelchair access
- ☐ Help with transportation
- ☐ Help with reading
- ☐ Help understanding material
- ☐ Other (please specific) _____

To receive a "Make a DMR Difference" booklet on Volunteer Opportunities, for more information, please contact:

The DMR Office of Citizen Leadership
500 Harrison Avenue
Boston, MA 02108

(617) 727-5608
(888) 367-4435 (toll free)
(888) 367-4435, ext. 7590 (TTY)
(617) 624-7577 (fax)